PTO/SB/21 (09-04)
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	Application Number	10/736,489
	Filing Date	December 15, 2003
	First Named Inventor	Xia Zhao
	Art Unit	1744
	Examiner Name	Monzer R. Chorbaji
	Attorney Docket Number	4133-031323 (P-6125)

ENCLOSURES (check all that apply)									
X Fee Transmittal	Form	Drawing(s)		After Allowance Communication to TC				
X Fee Attacl	ned	Licensing	Licensing-related Papers Petition		Appeal Communication to Board of Appeals and Interferences				
Amendment / Re	eply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Fina	1		Convert to a al Application		Proprietary Information				
Affidavits.	/declaration(s)		Attorney, Revocation f Correspondence		Status Letter				
X Extension of Tin	ne Request	Terminal	Disclaimer		Other Enclosure(s) (please identify below):				
Express Abando	nment Request	Request for	or Refund	Retu	rn Receipt Postcard				
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Response to Mis Incomplete Appl									
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Under 370	CFR 1.52 or 1.53				·				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name	Firm Name The Webb Law Firm								
Signature	Mis	LQ.							
Printed Name	Kirk M. Miles								
Date	November 9, 2006		Reg. No.	37,891	7,891				
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:									
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PTO/SB/17 (01-06) Approved for use through 07/31/2006. OMB 0651-0032

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- 50 C				Complete if Known								
Fees Equation to the Consolidated Appropriations Act, 2003 (H.R. 4818). FOR FY 2006				Application Number 10/736,489								
					Filing Date December 15,200							
				First Nam	First Named Inventor Xia Zhao							
Applicant claims small entity status. See 37 CFR 1.27				Examiner	Name	Monzer R. C	Chorbaji					
				Art Unit								
TOTAL AMOUNT OF PAYMENT (\$) 620.00				Attorney Docket No. 4133-031323 (P-6125)								
METHOD OF PAYM	IENT (check	all that apply	<u>')</u>			<u></u>						
Check Cre	X Check Credit Card Money Order None Other (please identify):											
X Deposit Account	Deposit Acc	ount Number:	23-06	50 r	Deposit Accoun	it Name:						
For the above	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing for												
X Charge under	e any additional 37 CFR 1.16 and	fee(s) or underp 11.17	payments of fee(s)	x	Credit any	overpayments						
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FEE CALCULATIO			due unen filine	or may be s	ubject to a	surcharge)						
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Application Type	Fee (\$)	Fee (\$)	Fee (\$) F	ee (\$)	Fee (\$)	Fee (\$)	Fees Paid	<u>(\$)</u>				
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65	•					
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM	FEES							Small Entity				
Fee Description							Fee (\$)	Fee (\$)				
Each claim over 20 (in	-	-					50	25				
Each independent claim over 3 (including Reissues)							200	100				
Multiple dependent cla							360	180				
Total Claims Extra Claims Fee (\$) - 20 or HP = x =			Fee Paid (\$)			<u>Multiple De</u> <u>Fee (\$)</u>	pendent Claims Fee Paid (\$)					
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4. OTHER FEE(S)												
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): Filing a Brief in Support of Appeal								500				
		Petition	for Extension of	f Time (One-	Month)			120				
SUBMITTED BY	10											
Signature		MI		Registration N (Attorney/Age		Tel	ephone 412-471-8	3815				

Name (Print/Type)

Name (Print/Type)

Kirk M. Miles

Date

November 9, 2006

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